

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Granite State Solutions

ADDRESS (number and street)

373 S Willow St #420

Check if different
than previously
reported. (ACC)

Manchester

NH

03103

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00580381

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

NH

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Kilgore, Paul, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Kilgore, Paul, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Granite State Solutions

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		535200.00
(b) Cash on Hand at Beginning of Reporting Period.....	1706733.27	
(c) Total Receipts (from Line 19)	7575000.00	21325000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	9281733.27	21860200.00
7. Total Disbursements (from Line 31)	6112608.57	18691075.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3169124.70	3169124.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Granite State Solutions

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50000.00	1700000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50000.00	1700000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7525000.00	19625000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7575000.00	21325000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7575000.00	21325000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7575000.00	21325000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	27171.55	33883.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27171.55	33883.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	6085437.02	18657191.90
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6112608.57	18691075.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6112608.57	18691075.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7575000.00	21325000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7575000.00	21325000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27171.55	33883.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27171.55	33883.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Granite State Solutions

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kempner, Thomas, L., Jr			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2016 Transaction ID : SA11AI.4183	
Mailing Address 520 Madison Ave Fl 30			Amount of Each Receipt this Period 25000.00	
City New York	State NY	Zip Code 10022	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Davidson Kempner Capital		Occupation (for Individual) Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wendt, Gregory, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2016 Transaction ID : SA11AI.4209	
Mailing Address 1 Market St			Amount of Each Receipt this Period 25000.00	
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Capital Group		Occupation (for Individual) Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual)		Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50000.00

50000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Granite State Solutions

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALAMO PAC

Mailing Address 919 CONGRESS AVENUE
SUITE 1400

City
AUSTIN

State
TX

Zip Code
78701

FEC ID number of contributing
federal political committee.

C C00387464

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / **17** / **2016**

Transaction ID : SA11C.4205

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SENATE LEADERSHIP FUND

Mailing Address 45 NORTH HILL DRIVE STE 100

City

WARRENTON

State

VA

Zip Code

20186

FEC ID number of contributing
federal political committee.

C C00571703

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14600000.00

Date of Receipt

10 / **04** / **2016**

Transaction ID : SA11C.4249

Amount of Each Receipt this Period

2500000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SENATE LEADERSHIP FUND

Mailing Address 45 NORTH HILL DRIVE STE 100

City

WARRENTON

State

VA

Zip Code

20186

FEC ID number of contributing
federal political committee.

C C00571703

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

16800000.00

Date of Receipt

10 / **11** / **2016**

Transaction ID : SA11C.4250

Amount of Each Receipt this Period

2200000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4725000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Granite State Solutions

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SENATE LEADERSHIP FUND

Mailing Address 45 NORTH HILL DRIVE STE 100

City
WARRENTON

State
VA

Zip Code
20186

FEC ID number of contributing
federal political committee.

C C00571703

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19600000.00

Date of Receipt

10 / **19** / **2016**

Transaction ID : SA11C.4251

Amount of Each Receipt this Period

2800000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2800000.00

7525000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Granite State Solutions

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address PO Box 84314

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
PAC Transaction Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2016					

FEC Identification Number

C**Transaction ID : SB21B.4228**

Amount of Each Disbursement this Period

975.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FP1 Strategies, LLC

Mailing Address PO Box 16504

City
AlexandriaState
VAZip Code
22302Purpose of Disbursement
PAC Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2016					

FEC Identification Number

C**Transaction ID : SB21B.4186**

Amount of Each Disbursement this Period

5645.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FP1 Strategies, LLC

Mailing Address PO Box 16504

City
AlexandriaState
VAZip Code
22302Purpose of Disbursement
PAC Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				14				2016					

FEC Identification Number

C**Transaction ID : SB21B.4204**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21620.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Granite State Solutions

Full Name (Last, First, Middle Initial)

A. Holtzman Vogel Josefiak

Mailing Address 45 North Hill Dr Ste 100

City
WarrentonState
VAZip Code
20186Purpose of Disbursement
PAC Legal Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2016

FEC Identification Number

C**Transaction ID : SB21B.4208**

Amount of Each Disbursement this Period

506.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Professional Data Services

Mailing Address 824 S Milledge Ave Ste 101

City
AthensState
GAZip Code
30605Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

FEC Identification Number

C**Transaction ID : SB21B.4253**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address PO Box 4418

City
AtlantaState
GAZip Code
30305Purpose of Disbursement
PAC Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2016

FEC Identification Number

C**Transaction ID : SB21B.4214**

Amount of Each Disbursement this Period

45.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5551.25

27171.55

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Granite State Solutions				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00580381 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item FP1 Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 04 2016 </div>	
Mailing Address PO Box 16504				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15480.00</div>	
City Alexandria		State VA		Zip Code 22302	
Purpose of Expenditure Media Production				Category/Type 004	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9848049.61				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item FP1 Strategies, LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 14 2016 </div>	
Mailing Address PO Box 16504				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15550.00</div>	
City Alexandria		State VA		Zip Code 22302	
Purpose of Expenditure Media Buy and Production				Category/Type 004	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13189158.30				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">31030.00</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kilgore, Paul, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 26 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Granite State Solutions				FEC IDENTIFICATION NUMBER ▼ C C00580381	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address PO Box 25093			Amount 2447764.33		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4185		
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2016		
Mailing Address PO Box 25093			Amount 113750.00		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4194		
Purpose of Expenditure Media Buy		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			2561514.33		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Kilgore, Paul, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 26 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Granite State Solutions				FEC IDENTIFICATION NUMBER ▼ C C00580381	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Main Street Media Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address PO Box 25093			Amount 3209808.69		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.4200		
Purpose of Expenditure Media Buy		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 13 / 2016		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 13173608.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RSM			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 06 / 2016		
Mailing Address 1702 E Highland Ave Ste 408			Amount 2000.00		
City Phoenix	State AZ	Zip Code 85016	Transaction ID : SE.4193		
Purpose of Expenditure Video Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 9850049.61			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			3211808.69		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Kilgore, Paul, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 14
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Granite State Solutions			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00580381 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY										
Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 04 / 2016</div> </div>							
Mailing Address 1033 North Fairfax St Ste 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140542.00</div>							
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4180 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 04 / 2016</div> </div>							
Purpose of Expenditure Digital Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>								
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7384805.28</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee Targeted Victory <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 18 / 2016</div> </div>							
Mailing Address 1033 North Fairfax St Ste 400			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">140542.00</div>							
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4207 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 17 / 2016</div> </div>							
Purpose of Expenditure Digital Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>								
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH <input type="checkbox"/> Oppose							
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">13329700.30</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">281084.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">6085437.02</td> </tr> </table>					(a) SUBTOTAL of Itemized Independent Expenditures	281084.00	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	6085437.02
(a) SUBTOTAL of Itemized Independent Expenditures	281084.00									
(a) SUBTOTAL of Unitemized Independent Expenditures										
(a) TOTAL Independent Expenditures	6085437.02									
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.										
Signature <u>Kilgore, Paul, , ,</u>			Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> <div>10</div> <div>26</div> <div>2016</div> </div>							